



## AMENDMENT TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450



Customer No.: 23696

Attorney Docket No.: 000211D3

In Re Application of: Mark MAGGENECEIVED
Serial Number: 10/045 121

Serial Number: 10/045,121

Filed: October 17, 2001 Examiner: T. Nguyen

APR 2 7 2004

Group Art Unit: 2685

Technology Center 2600

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) High Numbe Previously For	er -	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	23	18		3	x \$18 = .	\$54.00
Independent**	12	8		4	x \$86 =	\$344.00
Multiple Dependent Claim(s): ☐ Yes ☒ No					\$290	\$
			One Month		\$110	\$
EXTENSION FEES			⊠ T	wo Months	\$420	\$420.00
			☐ Three Months		\$950	\$
TERMINAL DISCLAIMER					\$110	\$
*If the number in column a is less than 20, enter 0 in column c.  **If the number in column a is less than 3, enter 0 in column c.					TOTAL FEE	\$818.00
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  6. ☑ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.  Date: April 2 ○ , 2004  Signature: Signature: On L. Ciccozzi  QUALCOMM Incorporated  Attn: Patent Department  (858) 845-2611  S775 Morehouse Drive  San Diego, California 92121-1714  Telephone: (858) 658-5787  Facsimile: (858) 658-2502						
deposited wi with sufficier envelope ad Patents, P.O. 1450.	MAILING th the United States of postage as first cl dressed to the Cor Box 1450, Alexandre: Tami M. Procopio	Postal Servi ass mail, in mmissioner f ia, VA 2231	e date s ce an	shown below, being	FACSIMILE ed by facsimile to the ork Office.	he Patent and
(type or print name) Signature: \(\sum_{\text{type}} \text{Date: April } \(\frac{\text{April}}{2004} \)					am III	Mashn